

FILED JAN 4 1951

## STANDARD CERTIFICATE OF DEATH

State File No. 41192

BIRTH NO. _____		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 3028		Registrar's No. 228	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Oklahoma b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) Carthage		c. LENGTH OF STAY (in this place) 8 Hour		c. CITY (If outside corporate limits, write RURAL and give township) Pawnee,		8350	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune Brooks Hospital				d. STREET ADDRESS (If rural, give location) Graham Hotel			
3. NAME OF DECEASED (Type or Print) Terrill		a. (First) J.		c. (Last) MC CORMICK		4. DATE OF DEATH (Month) (Day) (Year) Dec. 26, 1950	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan. 19, 1891	
9. AGE (In years last birthday) 59		10. IF UNDER 1 YEAR Days 11		11. IF UNDER 1 YEAR Hours 8		12. IF UNDER 1 HRS. Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Highway Laborer				10b. KIND OF BUSINESS OR INDUSTRY - - - -		11. BIRTHPLACE (State or foreign country) unknown 9	
12. CITIZEN OF WHAT COUNTRY? _____							
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown		16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME Mrs. Smith, 1335 W. Wash, Springfield, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		II. OTHER SIGNIFICANT CONDITIONS				4201	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		III. ANTECEDENT CAUSES					
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____					
DUE TO (c) _____							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:30 P m., from the causes and on the date stated above.							
23a. SIGNATURE Charles E. Scheel, M.D.				23b. ADDRESS 201 W. 3rd, Carthage		23c. DATE SIGNED 12/20/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-2-1951		24c. NAME OF CEMETERY OR CREMATORY Oak Hill		24d. LOCATION (City, town, or county) (State) Carthage, Mo.	
DATE REC'D BY LOCAL REG. 12-30-50		REGISTRAR'S SIGNATURE L.B. Clinton M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ulmer Funeral Home Carthage, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 1-2-51  
Jasper County Health Office

County File Number 50-12-959

Date Filed 1-2-51

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_

Licensed Embalmer No. 4731

P. O. Address Carthage, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.